1040A		partment of the Treasury—In S. Individual Inc			20	17	IBS Usa C	nlv-	Do not	write or staple in th	nie enar
Your first name and	initial		Last name	ax riotarii (55)	A- C	/ 1 /	ind use C	Jilly —	-	OMB No. 1545-00	
									Your	social security nu	ımber
JETHRO S	3.		THURS	TON					1	-080)3
If a joint return, spou	use's firs	st name and initial	Last name			-11/2			Spous	se's social security	
Home address (num	hor and	street). If you have a P.O. b	nov. see instru	otione			A-1				
5187 MURFI			iox, see instru	ctions.			Apt. no.			lake sure the SSN(and on line 6c are o	
		and ZIP code. If you have a for	reign address, a	also complete spaces below (see instru	ctions).			Presi	dential Election Car	mpaig
LEBANON	TN :	37090-3709							Check	here if you, or your sp	oouse if
Foreign country nam	ne			Foreign province/state/o	ounty	F	oreign postal	code		pintly, want \$3 to go to ng a box below will not c efund. You	change y
Filing	1	Single	VA-101 NA 67-5		4 X					g person). (See ins	
status	2			only one had incom						but not your dep	ende
Check only one box.	3		ately. Enter s	spouse's SSN above ar			child's nam		NO.		
	-	full name here. ▶			5				(see i	nstructions)	
Exemptions	6a		omeone o x 6a.	can claim you as a	depen	ident, do i	not chec	K	1	Boxes checked on	
	b		x oa.]	6a and 6b No. of children	
	C						(4) 🗸	if chile	d under	on 6c who:	
If more than six				(2) Dependent's social security number		Dependent'	s age 17	qualify	ing for	 lived with you 	(
dependents, see instructions.		(1) First name	ast name	Security number	Tela	donsilip to y	Section Control of	truction		did not live	
mstructions.										with you due to divorce or	
										separation (see	,
		- Uta								instructions)	(
										Dependents on 6c not	
										entered above	(
	.1	Tatal								Add numbers on lines	
Income	d	Total number of e	xemption	s claimed.						above ▶	1
income	7	Wages, salaries, t	ins. etc. A	attach Form(s) W-2					7	q.	158
Attach			ipo, otorr	ittaorri orrin(o) vv 2						<u> </u>	130
Form(s) W-2	8a	Taxable interest.	Attach Sc	hedule B if require	d.				8a		
here. Also attach	b	Tax-exempt inter	est. Do no	ot include on line 8	a. 8	Bb					
Form(s)	9a	Ordinary dividends			red.				9a		
1099-R if	b				9	b			-		
tax was	10	Capital gain distrib	outions (se	ee instructions).					10		
withheld.	11a	IRA			11b	Taxable			-0.00		
If you did not		distributions.	11a			(see instr		0	11b		
get a W-2, see instructions.	12a		27.2		12b	Taxable a					
		annuities.	12a			(see instr	uctions).		12b		
	10	Unampleyment		an and Alaska Day					40		
	13 14a	Unemployment co	mpensati	on and Alaska Per					13		
	144	Social security benefits.	14a		14b	Taxable a			4.41.		
		benefits.	144			(see instr	uctions).		14b		
	15	Add lines 7 throug	h 14b (far	right column). This	s is you	ur total in	come. I		15	91	.580
Adjusted	30.453.75										
gross	16	Educator expense			1						
ncome	17	IRA deduction (see			1						
	18	Student loan intere	st deducti	on (see instructions	3). 1	8		_			
	40	Tulking and form		2017							
e.	19	Tuition and fees. A			1				00		
	20	Add lines 16 throu	gn 19. The	ese are your total	aajust	ments.			20		
	21	Subtract line 20 fro	m line 15	. This is your adius	sted a	ross inco	me. 1		21	91	580
For Disclosure. P		Act, and Paperwork	**	The second secon	-				<u>- 1</u>	Form 1040A (
QNA		,		, 250 0	p 3. 4.4					· oilli roton (

THURSTO										:	0803
Form 1040A											Page 2
Tax, credits,		Enter the amount from line 21				+			22	9	1580
and	23a										
payments	h	if: Spouse was born before		· house	and the second second second	A PROPERTY AND A PROP	eu > 23a		لي		
Standard	b	,	ately and	your spou	se item	lizes	► 00h		ı		
Deduction	04	deductions, check here					▶ 23b		0.4		9350
for—	24	Enter your standard deducti		!= #l= -	on Bonn	00	h 0		24		32230
 People who check any 	25	Subtract line 24 from line 22.				22, en	ter -u	-	25 26		4050
box on line 23a or 23b or	26	Exemptions. Multiply \$4,050				05	hau 0		20		4050
who can be claimed as a	21	Subtract line 26 from line 25.	II line 26	is more tha	in line	25, en	ter -u		27	-	78180
dependent,	00	This is your taxable income.		. /a.a. i.a.a.t	tions)	00		270			0100
see instructions.	28	Tax, including any alternative mi				28		1379	<u> </u>		
All others:	29	Excess advance premium tax Form 8962.	credit re	ерауттепт. А	Attacn	20					
Single or Married filing	30	Add lines 28 and 29.				29			30	1	2706
separately.	31		at care o	νη ο η ο ο ο ο ο Λ t	tach				30		3796
\$6,350 Married filing	31	Credit for child and depender	it care e	xpenses. At	lacii	01					
iointly or	20	Form 2441.		^ 44 I-		31					
Qualifying widow(er),	32	Credit for the elderly or the di	sabled. A	Attach		00					
widow(er), \$12,700	22	Schedule R.	0000 11-	- 10		32			-		
Head of household,	33	Education credits from Form			0000	33			_		
\$9,350	34	Retirement savings contribution							_		
	35	Child tax credit. Attach Sched				35			-00		
	36	Add lines 31 through 35. Thes				20	0		36	1	2706
	37	Subtract line 36 from line 30.						<u>चित्र</u>	37		3796
		Health care: individual respons			is). Fu	III-year	coverage	X	38	- 1	2706
	39	Add line 37 and line 38. This i			1000	40		055	39		3796
	40	Federal income tax withheld fr				40		955	0		
If you have	41	2017 estimated tax payments	and am	ount applied	1	4.4					
a qualifying [child, attach	40-	from 2016 return.		***************************************		41					
Schedule r	42a	Earned income credit (EIC).	40h			42a			_		
EIC.	b	Nontaxable combat pay election				-10					
	43	Additional child tax credit. Att				43			_		
	44	American opportunity credit fi			8.	44			_		
	46	Net premium tax credit. Attac							-40		٥٢٢٥
	47	Add lines 40, 41, 42a, 43, 44, If line 46 is more than line 39,					ments.	_	46		9550
Refund	47			line 39 from	n iine 4	ю.			47		
201100	100	This is the amount you overpa		14 🖺 0.0	000 :	u l	- L L L -		47		- SCHOOL STATE
Direct deposit?	400	Amount of line 47 you want refun	ded to yo	ou. If Form 88	see is at	ttached	, cneck ner	e L	48a		
See instructions	▶ b	Routing XXXXXXXX	XX	c Type:	Chec	king	Saving	S			
and fill in		Account [
48b, 48c, and 48d or	▶ d	number XXXXXXXXXX			XX			-11	_		
Form 8888.	49	Amount of line 47 you want ap	oplied to	your							
	50	2018 estimated tax.	10.6	" 00 F		49					
Amount	50	Amount you owe. Subtract lin	ne 46 fro	m line 39. F	or deta	alls on	how to pa		==		
you owe	FA	see instructions.		,		F.4		-	50		4246
	51	Estimated tax penalty (see ins				51					
Third party	Do	you want to allow another person to d	iscuss this	return with the	RS (se	e instru	ctions)? 🔲 Y	es. Co	mplete th	ne following.	No
designee		signee's		Phone					ntification		
	nar			no. ►				ber (PIN)		<u> </u>	
Sign	and	der penalties of perjury, I declare that I have I belief, they are true, correct, and accurate	y list all amo	ounts and source	es of inco	me I rece	dules and state eived during th	ements, a le tax ye	and to the ar. Declar	ation of prepar	rer (other
here		n the taxpayer) is based on all information of	which the p					1-			See Assessment
Joint return?	YOU	ır signature		Date	Your oc	cupation			e i consultation de la consultat	one number	_
See instructions.	A -					ESK MAN				02-6707	
Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must	sign.	Date	Spouse'	s occupa	ition	PIN	I, enter it	you an Identity I	Protection
Doid	Prir	nt/Type preparer's name	Preparer's	signature			Date		e (see inst.)	PTIN	
Paid		COLUMN TO SERVE EXPERIENCE (T. A. A. T. A.							k ▶ ☐ if mployed	1000	
preparer	- Eire	n's name ▶							s EIN ▶		
use only	-	n's address ▶						Phon			
Go to www.irs.a		n1040A for instructions and the latest i	nformation					Trion		Form 1040A	(2017)
		it is a control of the title lateout									1-2

See separate instructions Source	1040		nent of the Treasury—Internal R		THE REAL PROPERTY.	20	17	OMB N	lo. 1545-0074	IRS Use Or	nly—D	o not write or staple in thi	is space.
## THURSTON ## Spouse's social security number and street, if you have a P.O. box, see instructions. ## April no. ## Spouse's social security number and street, if you have a P.O. box, see instructions. ## April no. ## Apri	For the year Jan. 1-D					, 20	17, ending				Se	e separate instructi	ions.
To point return, apouse's first name and initial Last name Spouse's social security name			, , , , , , , , , , , , , , , , , , , ,	Last nar	me						Yo	ur social security nu	mber
Horse address (number and street). If you have a P.O. box, see instructions. 5 1 8 7 MUREREESBORO RD Cry, tower past offers, state, and 2P occe. If you have a foreign address, also complete spaces below (see instructions). Foreign country name Foreign province/state/country Foreign provi	JENNIFER	S		THUE	RSTON						2	-8042	2
Add on line & care correct And on line &			name and initial				10.000				Spe	ouse's social security r	number
Add on line & care correct And on line &	The second secon												
City, two re post office, state, and ZP costs. If you have a foreign accrease, also complete spaces below (peer instructions). Peerdemental Bection Campaley Foreign recurrity name. Foreign country name. Foreign c				ox, see in	structions.					Apt. no.			
Foreign country name				eign addre	ss, also complete s	spaces belo	w (see inst	ructions)			P	residential Election Ca	mpaign
Foreign country name													
Thing status Check only one box. It more than four dependents: (1) Fish name Last name Capendents: (2) Dependents: (3) Dependents: (1) Fish name Last name Capendents: (3) Dependents: (3) Dependents: (3) Dependents: (3) Dependents: (3) Dependents: (3) Dependents: (4) Fish name for the dependents according to the social security number of exemptions or dependents, see instructions and other hore. The capendents of the social security number of exemptions claimed Trables from (4) Wages, salaries, tips, etc. Attach Form(s) W-2 San Taxable interest. Attach Schedule B if required Usual was withheld. The capendents of the social security number of exemptions claimed Trables from (4) Wages, salaries, tips, etc. Attach Form(s) W-2 San Taxable interest. Attach Schedule B if required Usual interest of the social security number of exemptions claimed Trables from (4) Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable interest. Attach Schedule B if required Usual interest of the social security number of exemptions claimed Trables from (5) Wages, salaries, tips, etc. Attach Schedule B if required Usual interest of the social security number of exemptions claimed Trables from (5) Wages, salaries, tips, etc. Attach Schedule B if required Usual interest of the social security of the social security number of exemptions claimed Trables from (5) Trab					Foreign pro	ovince/stat	e/county		Foreign	postal code	a bo	x below will not change your	r tax or
Check only one box. Check only one box. Some of the company of the part of the company of	Filing Status	1	Single				4	X Hea	ad of household	(with qualif	ying	person). (See instructio	ns.)
December	i iiiig Otatus	2	☐ Married filing jointly	(even if	only one had in	come)		If th	e qualifying per	rson is a chi	ld bu	t not your dependent, e	enter thi
Exemptions 6a	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3			ter spouse's SS	SN above							
Spouse Spouse C2 Dependent's C3 Dependent C3 Dependent's C3 Dependent C3	box.						1700				struc		
C Dependents:	Exemptions	6a		one can	claim you as a	depende	nt, do no	ot chec	k box 6a .		. }		1
If more than four dependents, see instructions and check here	F - 100 100 100 - 100 100 100 100 100 100	b		· · · ·	<u> </u>						<u>.</u> ,		
If more than four dependents, see instructions and check here ▶ □ Attach Form(s) W-2 here. Also attach Form(s) W-2 Taxable interest. Attach Schedule B if required Son Son		was solide							qualifying for o	hild tax credit		 lived with you 	_ 3
If more than four dependents, see instructions and check here ▶		(1) First	name Last name		- Coolar Gooding Han	_		10)00				you due to divorce	
DAUGHTER Section Daughter	If more than four		-				350±02				_		0
Income	dependents, see			!							_		0
Income	NAME AND ADDRESS OF THE OWNER OF THE PARTY O		-				AUGHIER			1	_		
Taxable Interest, Attach Schedule B if required Fequired Fe	Check here	d	Total number of exem	ptions cl	laimed						_		4
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Attach Form(s) w2- here, Also battach Forms Battach For		b					. 8b						
Main	Attach Form(s)	9a	Ordinary dividends. At	tach Sch	nedule B if requ	uired .					9a		
10		b	Qualified dividends				. 9b						
Business income or (loss). Attach Schedule C or C-EZ 12 13 14 15 15 15 15 15 15 15	W-2G and	10									10		
12 Business income or (loss). Attach Schedule C or C-EZ 12 13 14 14 15 14 15 15 15 15		11	The state of the s								11		
If you did not get a W-2, see instructions. 14 Other gains or (losses). Attach Form 4797. 14 get a W-2, see instructions. 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 8 32 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 29 66.9 Adjusted Gross 23 Educator expenses 23 4 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Broom Health savings account deduction. Attach Form 8889 25 25 Health savings account deduction. Attach Form 8889 25 26 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 30 Penalty on early	was withheld.	12								_			
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Adjusted Gross Income 23 Educator expenses			Combine the amounts in	the far rig	ght column for lin	es 7 throu	igh 21. Th	nis is you	ır total incom	e ▶		29	669
Gross Income fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 . 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE . 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction		23											
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Self-employed SEP, SIMPLE, and qualified plans		26	Moving expenses. Atta	ch Form	3903		. 26						
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30 Penalty on early withdrawal of savings		28	And the party of t								35		
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Tuition and fees. Attach Form 8917							-						
35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35							-						
36 Add lines 23 through 35													
			A CONTRACT OF SAME AND A CONTRACT OF SAME AND A SAME AN								36		
										-	-	20	669

8042 THURSTON Form 1040 (2017) Page 2 38 29669 38 Amount from line 37 (adjusted gross income) Blind. Total boxes 39a You were born before January 2, 1953, Check Tax and 0 ☐ Blind. | checked > 39a Spouse was born before January 2, 1953, Credits If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ b Itemized deductions (from Schedule A) or your standard deduction (see left margin) 9350 Standard 40 40 Deduction 41 41 20319 for-42 · People who Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 16200 check any box on line 43 43 4119 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-... 39a or 39b or 44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 413 who can be claimed as a 45 Alternative minimum tax (see instructions). Attach Form 6251 . 45 dependent. 46 46 Excess advance premium tax credit repayment. Attach Form 8962 instructions. 47 Add lines 44, 45, and 46 47 413 · All others: 48 Foreign tax credit. Attach Form 1116 if required Single or Married filing 49 Credit for child and dependent care expenses. Attach Form 2441 49 separately, \$6.350 50 Education credits from Form 8863, line 19 50 Married filing 51 Retirement savings contributions credit. Attach Form 8880 51 jointly or Qualifying 52 Child tax credit. Attach Schedule 8812, if required . . . 413 52 widow(er), 53 53 Residential energy credits. Attach Form 5695 \$12,700 54 Other credits from Form: a 3800 b 8801 c 54 Head of household. 413 55 Add lines 48 through 54. These are your total credits . 55 \$9,350 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-56 0 Self-employment tax. Attach Schedule SE 57 57 58 Unreported social security and Medicare tax from Form: a ___ 4137 58 Other 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 83 59 **Taxes** Household employment taxes from Schedule H 60a 60a 67 b First-time homebuyer credit repayment. Attach Form 5405 if required . 60b 61 Health care: individual responsibility (see instructions) Full-year coverage X 61 62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62 63 Add lines 56 through 62. This is your total tax 150 63 **Payments** 64 Federal income tax withheld from Forms W-2 and 1099 64 2334 **FORM 1099** 65 2017 estimated tax payments and amount applied from 2016 return 65 If you have a 66a 3931 Earned income credit (EIC) 66a qualifying Nontaxable combat pay election 66b b child, attach Schedule EIC. Additional child tax credit. Attach Schedule 8812 2587 67 67 68 American opportunity credit from Form 8863, line 8 . 69 Net premium tax credit. Attach Form 8962 . . . 69 70 Amount paid with request for extension to file 70 71 Excess social security and tier 1 RRTA tax withheld 71 Credit for federal tax on fuels. Attach Form 4136 72 73 Credits from Form: a 2439 b Reserved c 8885 d 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 8852 Refund 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 8702 75 76a Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here . ▶ □ 8702 76a 1 2 4 3 0 3 1 2 0 ▶ c Type: X Checking Savings b Routing number Direct deposit? 2 0 1 2 1 1 0 7 6 2 2 0 5 8 Account number instructions. Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 77 Amount Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 You Owe 79 Estimated tax penalty (see instructions) 79 Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No Third Party Designee's Phone Personal identification Designee no. > name > number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and Sign accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here Daytime phone number Your signature Date Your occupation Joint return? See

615-202-6707 instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection Keep a copy for PIN, enter it here (see inst.) your records. Print/Type preparer's name Date PTIN Preparer's signature Check if if self-employed Paid Preparer Firm's EIN ▶ Firm's name ▶ Use Only Phone no. Firm's address ▶ Form 1040 (2017) Go to www.irs.gov/Form1040 for instructions and the latest information. QNA

Department of the Treasury—Internal Reversity U.S. Individual Incom						write or staple in this space.			
Filing status: Single Married filing jointly			Head of household	Qualifying wid					
Your first name and initial	Last nam	170.			Your so	ocial security number			
JETHRO S	THURS	TON			1	-0803			
Your standard deduction: Someone can claim y	ou as a dependent	☐ You we	re born before Janua	ry 2, 1954	You are blind				
If joint return, spouse's first name and initial	Last nam	e			Spouse	's social security number			
Spouse standard deduction: Someone can claim you Spouse is blind Spouse itemizes on a sei			Spouse was born before	ore January 2, 1954	[year health care coverage xempt (see inst.)			
Home address (number and street). If you have a P.O.			S Calleri	Apt.	no. Presider	ntial Election Campaign			
5187 MURFREESBORO RD					(222	You Spouse			
City, town or post office, state, and ZIP code. If you ha LEBANON, TN 37090	ve a foreign addres	ss, attach Sched	lule 6.		100	than four dependents, t. and ✓ here ►			
Dependents (see instructions):	(2) So	cial security numb	er (3) Relationship	to you	(4) ✓ if qualifie	es for (see inst.):			
(1) First name Last name					ild tax credit	Credit for other dependents			
	and the contract of the contra	X-11-24							
						[20]			
						П			
						П			
Sign Under penalties of perjury, I declare that I have correct, and complete. Declaration of prepare						d belief, they are true,			
Your signature		Date	Your occupation			ent you an Identity Protection			
Joint return? See instructions.			HELP DESK MA	NAGER	PIN, enter it here (see ins				
Keep a copy for your records. Spouse's signature. If a joint return your records.	n, both must sign.	Date	Spouse's occupati	on		If the IRS sent you an Identity Protection PIN, enter it			
Paid Preparer's name	Preparer's signa	ture		PTIN	Firm's EIN	Check if:			
Preparer ————				Phone no.		3rd Party Designee Self-employed			
Use Only Firm's name ▶			Firm's address >						

THUR S	TOI				7803 Page 2				
	1	Wages, salaries, tips, etc. Attach Form(s) W-2	2 2 2 2 2 2 2 2 2 2 2	1	89387				
	2a	Tax-exempt interest 2a	b Taxable interest	2b					
Attach Form(s) W-2. Also attach	3a	Qualified dividends 3a	b Ordinary dividends	3b					
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities . 4a	b Taxable amount	4b					
withheld.	5a	Social security benefits 5a	b Taxable amount	5b					
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line	22	6	89387				
Standard	7	Adjusted gross income. If you have no adjustments to income subtract Schedule 1, line 36, from line 6	e, enter the amount from line 6; otherwise,	7	89387				
Deduction for-	8	Standard deduction or itemized deductions (from Schedule A) .		8	12000				
 Single or married filing separately, 	9	Qualified business income deduction (see instructions)		9					
\$12,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less	me. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-						
 Married filing jointly or Qualifying 	11	a Tax (see inst.) 12962 (check if any from: 1 Form(s) 8814	2 Form 4972 3)						
widow(er), \$24,000		b Add any amount from Schedule 2 and check here		11	12962				
Head of	12	a Child tax credit/credit for other dependents b Add	any amount from Schedule 3 and check here 🕨 🔲	12					
household, \$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0	F 6 (F 6) (F 6) (F 6) (F 7)	13	12962				
If you checked	14	Other taxes. Attach Schedule 4		14	0				
any box under Standard	15	Total tax. Add lines 13 and 14	F1 F	15	12962				
deduction, see instructions.	16	Federal income tax withheld from Forms W-2 and 1099		16	7150				
	17	Refundable credits: a EIC (see inst.) b Sch. 8812	c Form 8863						
		Add any amount from Schedule 5		17					
	18	Add lines 16 and 17. These are your total payments		18	7150				
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is	s the amount you overpaid	19					
Herana	20a	Amount of line 19 you want refunded to you. If Form 8888 is atta	ached, check here	20a					
Direct deposit?	▶ b	Routing number X X X X X X X X X X	► c Type: Checking Savings	1000					
See instructions.	▶ d	Account number X X X X X X X X X X X	X X X X X X X X X						
	21	Amount of line 19 you want applied to your 2019 estimated tax .	. > 21						
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on he	ow to pay, see instructions	22	5812				
	23	Estimated tax penalty (see instructions)	. ▶ 23						
Go to www.irs.go	v/Forn	1040 for instructions and the latest information.			Form 1040 (2018)				

Filing status: Sing		come Tax Retu		Head of household	1545-0074 Oualifyir	g widow(e		rite or staple in this space.		
Your first name and initial		Last nar		ricad or ricascribia	Qualityii	ig widow(c	-	cial security number		
JENNIFER S		THUR	STON				T. Charles Committee	8042		
Your standard deduction:	Someone can c	laim you as a dependen	t You were	born before Januar	y 2, 1954	You	are blind			
If joint return, spouse's first	t name and initial	Last nar	Last name Spouse's social secur							
Spouse standard deduction: Spouse is blind		m your spouse as a dep n a separate return or you		oouse was born befo	re January 2,	1954		ear health care coverage empt (see inst.)		
Home address (number ar 5187 MURFREI	ESBORO RD					Apt. no.	President (see inst.)	ial Election Campaign You Spouse		
City, town or post office, s LEBANON, TN		ou have a foreign addre	ss, attach Schedu	le 6.				han four dependents, and ✓ here ►		
Dependents (see instruction) (1) First name	CONTRACTOR OF THE STATE OF THE	name (2) S	(2) Social security number (3) Relationship to			to you (4) Child tax o		for (see inst.): Credit for other dependents		
			-	SON		X				
		:		SON		X				
			-	DAUGHTER						
Warren										
Here correct, and	ies of perjury, I declare the complete. Declaration of p signature	at I have examined this retur preparer (other than taxpayer	d this return and accompanying schedules and statements in taxpayer) is based on all information of which preparer has been also also also also also also also also			has any knowledge.		nt you an Identity Protection		
	e's signature. If a joint	return, both must sign.	Date	Spouse's occupation	on	1/3	If the IRS ser PIN, enter it here (see inst.			
Paid Preparer ——	rer's name	Preparer's signa	ature		PTIN Fi		rm's EIN	Check if: 3rd Party Designee		
	name >	Washington and the second			Phone no.			Self-employed		
Firm's	Firm's address ►									

THURSTON 8042 Page 2

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	3150
Attach Form(s)	2a	Tax-exempt interest 2a	b Taxable interest	2b	
W-2. Also attach	За	Qualified dividends 3a	b Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities . 4a	b Taxable amount	4b	
withheld.	5a	Social security benefits 5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	7425	6	10575
Standard	7	Adjusted gross income. If you have no adjustments to income, enter subtract Schedule 1, line 36, from line 6	the amount from line 6; otherwise,	7	6221
Deduction for-	8	Standard deduction or itemized deductions (from Schedule A)		8	32278
Single or married filing separately,	9	Qualified business income deduction (see instructions)		9	
\$12,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -	0	10	0
 Married filing jointly or Qualifying 	11	a Tax (see inst.) (check if any from: 1 Form(s) 8814 2	Form 4972 3)		
widow(er), \$24,000		b Add any amount from Schedule 2 and check here		11	
Head of	12	a Child tax credit/credit for other dependents b Add any amou	nt from Schedule 3 and check here ▶	12	
household, \$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0		13	0
If you checked	14	Other taxes. Attach Schedule 4		14	67
any box under Standard	15	Total tax. Add lines 13 and 14		15	67
deduction, see instructions.	16	Federal income tax withheld from Forms W-2 and 1099	* * * * * * * * *	16	34
	17	Refundable credits: a EIC (see inst.) 1429 b Sch. 8812	98 c Form 8863		
		Add any amount from Schedule 5		17	1527
	18	Add lines 16 and 17. These are your total payments		18	1561
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the am	ount you overpaid	19	1494
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, c	heck here	20a	1494
Direct deposit? See instructions.	▶ b	Routing number	e: X Checking Savings		
occ manaciona.	▶d	Account number 0			
-	21	Amount of line 19 you want applied to your 2019 estimated tax ▶	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pa	y, see instructions	22	
	23	Estimated tax penalty (see instructions)	23		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

QNA

£1040	U.	artment of the Treasury—Internal Revenue Sen S. Individual Income Ta	x R	eturn 20 •	19 OMB No. 1545	i-0074 IRS Use Only	—Do not write	or staple in this space.			
Filing Status		Single Married filing jointly	Marri	ed filing separately (MFS)	Head of househo	old (HOH)	ifying widow	(er) (OW)			
Check only one box.	If you	ou checked the MFS box, enter the name ild but not your dependent.	of sp	oouse. If you checked th			the qualifyin	g person is			
Your first name	and m	iddle initial	Las	t name			Your socia	al security number			
JETHRO S			TH	URSTON			Tour soon	-0803			
If joint return, s	oouse'	s first name and middle initial	Las	t name	Spouse's s	Spouse's social security number					
JENNIFER	L		TH	URSTON		-8042					
		er and street). If you have a P.O. box, see REESBORO RD	instr	uctions.		Apt. no.	Check here if	al Election Campaign you, or your spouse if filing			
LEBANON	,]	ce, state, and ZIP code. If you have a form $^{2}\mathrm{N} \ 37090$	eign a	ddress, also complete s	paces below (see instruc	ctions).		3 to go to this fund. x below will not change your You Spouse			
Foreign country	name			Foreign province/stat	Foreign postal code	lf more than four dependents, see instructions and ✓ here ▶					
Age/Blindness Dependents (s (1) First name	You: see ins			Are blind Spouse: (2) Social security number	Was born before	January 2, 1955 (4) ✓ if Child tax cre		ee instructions): edit for other dependents			
					SON			X			
1					SON	X					
		-		200	DAUGHTER	X					
	1	Wages, salaries, tips, etc. Attach Form	(s) W-	2			1	121791			
	2a	Tax-exempt interest	2a		b Taxable interest. A	ttach Sch. B if require	ed 2b				
Standard	3a	Qualified dividends	За		b Ordinary dividends.	Attach Sch. B if require	ed 3b				
Deduction for— Single or Married	4a	IRA distributions	4a		b Taxable amount		4b				
filing separately,	С	Pensions and annuities	4c		d Taxable amount		4d				
\$12,200 Married filing	5a		5a	100	b Taxable amount		5b				
jointly or Qualifying	6	Capital gain or (loss). Attach Schedule	D if re	quired. If not required, c	heck here	▶ [6				
widow(er), \$24,400	7a	Other income from Schedule 1, line 9					7a	2345			
Head of household,	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 3					7b	124136			
\$18,350	8a	Adjustments to income from Schedule			* * * * * *		8a				
If you checked any box under	b	Subtract line 8a from line 7b. This is yo			* * * * * *	, .	8b	124136			
Standard	9	Standard deduction or itemized dedu	iction	s (from Schedule A) .	9	244	00				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. $\mathbb{Q} \mathbb{N} \mathbb{A}$

10

11a

see instructions.

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Form 1040 (2019)

11a

11b

24400

99736

THUR S	OT						•		- 0	803	Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 88	14 2 4972	3 🗍	12a	11	3657				r ago =
	b	Add Schedule 2, line 3, and line 12a and enter th	e total					12b		1	13657
	13a	Child tax credit or credit for other dependents .	7		13a	4	1500				
	b	Add Schedule 3, line 7, and line 13a and enter th	e total		1327		.	13b			4500
	14	Subtract line 13b from line 12b. If zero or less, er	nter -0					14			9157
	15	Other taxes, including self-employment tax, from	Schedule 2, line	10			· ·	15			1126
	16	Add lines 14 and 15. This is your total tax					- 100	16		1	10283
	17	Federal income tax withheld from Forms W-2 and	d 1099		10 1000 To 1			17			9796
• If you have a	18	Other payments and refundable credits:			ot sets to t						
qualifying child,	а	Earned income credit (EIC)		* * * * *	18a						
attach Sch. EIC. If you have	b	Additional child tax credit. Attach Schedule 8812			18b						
nontaxable	C	American opportunity credit from Form 8863, line	8		18c						
combat pay, see instructions.	d	Schedule 3, line 14	92 PA 1920 FA	2 0 0 0 0	18d						
	е	Add lines 18a through 18d. These are your total	other payments	and refundable cre			•	18e			
	19	Add lines 17 and 18e. These are your total paym	1.0			N 190 101 150		19			9796
Refund	20	If line 19 is more than line 16, subtract line 16 fro	m line 19. This is	the amount you ove	erpaid			20			
Herana	21a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Direct deposit?	▶ b	Routing number X X X X X X X X		▶ c Type:	Checking	Savir		21a			
See instructions.	▶ d	Account number X X X X X X X	XXX				30				
	22	Amount of line 20 you want applied to your 2020			22						
Amount	23	Amount you owe. Subtract line 19 from line 16.	For details on ho	w to pay, see instruc	ctions		•	23			487
You Owe	24	Estimated tax penalty (see instructions)		.	24						
Third Party Designee	Do	you want to allow another person (other than your	paid preparer) to	discuss this return	with the IRS	? See instruc	tions.		'es. Co lo	mplete	below.
(Other than paid preparer)		signee's ne ▶	Phone Personal id					n r			
			no.			number (PIN					
Sign	con	fer penalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other than taxp	return and accomp payer) is based on a	panying schedules and Il information of which o	statements, ar	nd to the best	of my know	wledge	and be	ief, they	are true,
Here		ur signature	Date	Your occupation	n oparor mao an	, mornoage.	If the ID	C	. .	. [.]	
		ui signaturo	Date	rour occupation			If the IR				
Joint return?				IT			(see inst			T	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa	tion		If the IR:				
your records.				CO			(see inst		T		
	Ph	one no. (615) 202-6707	Email address	JESSIE.TH	HURSTON.	27@GMAI	L.COM	4			
Paid	Pre	eparer's name Preparer's signa	ature		Date	PT			Check	if:	
Preparer								3rd Party Designee			
Use Only	Fire	m's name ▶		Phone no.				Self-employed			
OSE OTHY	Firr	n's address ▶			-11-		Firm's E	IN ►			
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.							For	m 104	0 (2019)
ONA											(-0.0)